

**"FEE ADDRESS" INDICATION FORM**

Address to:  
Commissioner for Patents  
**Mail Stop M Correspondence**  
P.O. Box 1450  
Alexandria, VA 22313-1450

Fax to:  
**571-273-6500**

- OR -

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with the following customer number:



Customer Number

**007788**

*Type Customer Number here*

**OR**



Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

<b>PATENT NUMBER (if known)</b>	<b>APPLICATION NUMBER</b>
	10/705,820

(check one)

☐ Applicant/Inventor

\_\_\_\_\_/Jeffry H. Nelson/

Signature

☒ Attorney or Agent of record      30,481  
(Reg. No.)

\_\_\_\_\_/Jeffry H. Nelson

Typed or printed name

☐ Assignee of record of the entire interest. See 37  
C.F.R. § 3.71. Statement under 37 C.F.R. § 3.73(b)  
is enclosed. (Form PTO/SB/96)

\_\_\_\_\_/703-816-4023

Requester's telephone number

☐ Assignment recorded at Reel \_\_\_\_\_ Frame \_\_\_\_\_

\_\_\_\_\_/April 14, 2008

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

☒ \*Total of 1 form/s are submitted.